

POSITION	ID NO.	DATE
CLASSIFIER	18	6/8/94
EXAMINER	38	6/9/94
TYPIST	3-30	6-16-94
VERIFIER	8	6/18/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
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SYMBOLS

✓ ..... Rejected  
- ..... Allowed  
(Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected